REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS

| | quant |
|------------------------|----------------------|
| Application Number | 09/898,743 |
| Filing Date | July 3, 2001 |
| First Named Inventor | Krassen, Dimitrov |
| Art Unit | 1637 |
| Examiner Name | Suryaprabha Chunduru |
| Attorney Docket Number | 690142.401 |

| I hereby revoke all previous powers of attorney given in the above-identified application. | | | | | | | | |
|--|---|--|-------|------|-----|---|--|--|
| A Power of Attorney is submitted herewith. | | | | | | | | |
| OR | | | | | | | | |
| 🗓 I hereby appoint the practitioners at Seed IP Law Group PLLC, Customer Number: 00500 | | | | | | | | |
| | | | | | | | | |
| 🛛 Please change the correspondence address for the above-identified application to: | | | | | | | | |
| ☑ The address associated with Customer Number 00500 | | | | | | | | |
| OR | | | | | | | | |
| ∏ Firm or | | | | | | | | |
| Individua | il Name | | | | | | | |
| Address | | | | | | | | |
| City | | | State | | Zip | | | |
| Country | | | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| Telephone | | | Email | | | | | |
| I am the: | | | | | | | | |
| Applicant/Inventor. | | | | | | | | |
| Assignee of record of the entire interest. See 37 CFR 3.71. | | | | | | | | |
| Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) | | | | | | | | |
| X As assignee of record of the entire interest I/we hereby elect, under 37 CFR 3.71, to prosecute the application to the exclusion of the inventor(s). | | | | | | | | |
| 2 SIGNATURE of Applicant or Assignee of Record | | | | | | | | |
| Signature | 4V 1 | | | Date | 24 | 11-08 | | |
| Name | Cary E. Raisi, Ed.D. | | | | | | | |
| Title and | Vice President for Finance & Administration | | | | | | | |
| Company (Assignee) | Institute for Systems Biology | | | | | | | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | | | | | | | | |
| *Total of forms are submitted. | | | | | | | | |